

STATE OF CALIFORNIA
STANDARDS FOR DRUG TREATMENT PROGRAMS
OCTOBER 21, 1981

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INTRODUCTION

The Standards included in this document identify minimal requirements for Drug Treatment Programs within the State of California. They apply to all programs designated as treatment services in each County Plan and funded wholly or in part through the Department of Alcohol and Drug Programs (ADP). Only those policies and procedures considered absolutely essential are specifically identified in these minimal standards.

Requirements identified elsewhere - such as Confidentiality Regulations (42 CFR Part 2), Methadone Regulations (Title 9), "Proposed Short-Doyle Medi-Cal Certification Standards", and Short-Doyle Community Services Systems Manual are not repeated in this document. In case of conflicts the most restrictive requirement shall apply.

The funding source(s) decide whether these standards apply when it first approves a program protocol.

I. GENERAL MANAGEMENT

A. Governing Body

Each program shall have a governing body which has full legal authority for operating the program. The governing body shall meet at least quarterly. Minutes of all meetings shall be kept and be available to the public.

Names and addresses of all governing board members shall be available.

The bylaws, and rules of the program shall follow applicable legal requirements.

Public organizations shall provide an organization chart which reflects the program's placement within a government agency. Private organizations shall provide documentation of the legal authority for the formation of the agency.

B. Chief Executive Officer

For private organizations providing drug abuse services, the governing body shall appoint a chief officer(s). The major duties, authority, and qualifications of the officer(s) shall be defined in the organization's bylaws or rules.

Here is a suggested list of duties for chief officer(s) - to be included in the bylaws or rules. A chief officer should:

- a) plan activities;
- b) report program's operations;
- c) report program's finances, including developing the annual operation budget; and
- d) develop program's rules, including personnel policies.

C. Personnel Policies

1. Personnel policies shall be established and maintained which:

- a) are written and revised as needed and are approved by the governing body;

- b) are applicable to all employees and are available to and reviewed with new employees;
 - c) comply with applicable local, state, and federal employment practice laws; and
 - d) contain information about the following:
 - recruitment, hiring process, evaluation, promotion, disciplinary action and termination;
 - equal employment opportunity, nondiscrimination, and affirmative action policies as applicable;
 - employee benefits, (vacation, sick leave), training and development, grievance procedures;
 - salary schedule, merit adjustment, severance pay, employee rules of conduct;
 - employee safety and injuries; and
 - physical health status as required.
2. Personnel files shall be maintained on all employees and shall contain:
- a. application for employment and resume;
 - b. employment confirmation statement;
 - c. salary schedule and salary adjustment information;
 - d. employee's evaluations;
 - e. health records as required; and
 - f. other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries).
3. Procedures shall be established for access to and confidentiality of personnel records.

4. Job descriptions shall be developed, revised as needed, and approved by the governing body. The job descriptions shall include:
 - a. position title and classification;
 - b. duties and responsibilities;
 - c. lines of supervision; and
 - d. education, training, work experience and other qualifications for the position.
5. A written code of conduct for employees and volunteers shall be established which addresses at least the following:
 - a. use of drug and/or alcohol;
 - b. relationship between staff-client;
 - c. prohibition of sexual contact with clients; and
 - d. conflict of interest.

D. Fiscal Management

1. Each program shall have an annual written budget which includes expected income and expenses, and that:
 - a. lists all income by source; and
 - b. lists all expenses by program component or type of service.
2. Each program shall use the Uniform Method of Determining Ability to Pay (UMDAP) as the fee schedule for collecting fees.
3. Each program shall develop a reporting mechanism which indicates the relation of the budget to actual income and expenses to date.
4. Each program shall maintain written policies and procedures that govern the fiscal management system (e.g., purchasing authority, accounts receivable, cash, billings and cost allocation).

5. Program personnel responsible for signing checks and performing other accounting activities shall be bonded.
6. The fiscal management system shall provide for an audit of the financial operations of the program at least every two years, either by a public accountant who is not a staff or Board member or by the funding agency.

E. Volunteer Services

If a program utilizes the services of volunteers, it should develop and implement policies and procedures which addresses volunteers:

- a. recruitment;
- b. screening;
- c. selection;
- d. training and orientation;
- e. duties and assignments;
- f. supervision;
- g. evaluation; and
- h. protection of client confidentiality.

II. PROGRAM MANAGEMENT

A. Admission or Readmission

1. Criteria

Each program shall include in its protocol written admission and readmission criteria for determining clients' eligibility and suitability for treatment. These criteria shall include, at minimum:

- a. identification of drugs of abuse;
- b. documentation of social, psychological, physical and/or behavioral

problems related to drug abuse; and

- c. statement of nondiscrimination.

2. Intake

- a. An initial interview shall determine whether or not a client meets the admission criteria.
- b. If a potential client does not meet the admission criteria, the client shall be referred elsewhere for treatment.
- c. All client's admitted shall meet the admission criteria and this shall be documented in the client's record.
- d. If a client is appropriate for treatment, the following information shall be gathered at minimum:
 - social, economic and family background;
 - education;
 - vocational achievements;
 - criminal history, legal status;
 - medical history;
 - drug history; and
 - previous treatment.
- e. Only upon completion of this process and the signing of the consent form, shall the client be admitted to treatment.

3. Medical Assessment

A complete medical and drug history shall be taken. The program shall take reasonable steps to protect the clients from spread of infectious disease(s). An assessment of the physical conditions of the client shall be made within 30 days from admission and documented in the client record in one of the

following ways:

- a. A physical examination by a physician, registered nurse practitioner or physician's assistant according to procedures prescribed by State Law.
- b. Upon the review of the medical history and other appropriate material, a determination must be made by a licensed physician of the need for physical and laboratory examinations. Any recommended examination must be made available either directly by the program or by referral.

B. Services

1. Staffing

Each program shall be staffed to ensure adequate delivery of required and provided services as approved in the program protocol.

2. Hours of Operation

Each program should provide sufficient scheduled hours of service to meet the needs of the clients. The hours shall be so distributed that clients can utilize the services without undue inconvenience. When not open, the program should provide information concerning the availability of short-term emergency counseling or referral services, including, but not limited to, emergency telephone services.

3. Counseling and Other Therapeutic Services

a. Frequency of Services

- Outpatient. Each client should be seen weekly or more often, depending on his/her need and treatment plan. At minimum, all clients shall receive two counseling sessions per 30 day period or be subject to discharge.
- Residential. A minimum of twenty hours per week of counseling and/or structured therapeutic activities shall be provided for each client.
- Day Treatment. A minimum of ten hours per week of

counseling and/or structured therapeutic activities shall be provided for each client.

Exceptions to above frequency of services may be made for individual clients where it is determined by program staff that fewer contacts are clinically appropriate and that progress toward treatment goals is being maintained. Such exceptions shall be noted in the case file.

b. Type of Services

The need for the following minimum services must be assessed and, when needed, shall be provided directly or by referral to an ancillary service. These services include, but are not limited to:

- education opportunity;
- vocational counseling and training;
- job referral and placement;
- legal services;
- medical services, dental services;
- social/recreational services; and
- individual counseling and group counseling for clients, spouses, parents and other significant people.

To the maximum extent possible, programs shall provide and utilize community resources and document referrals in client records.

4. Referral Services

If during the course of treatment it is judged that a client is not appropriate for treatment, or is in need of other services, the program shall provide the client with a referral to appropriate alternative services.

Program policies and procedures shall identify the conditions under which referrals are made, the procedures for making and following-up the referrals, and the agencies to which referrals may be made.

5. Medical Services

- a. Emergency. Each program shall make provisions for emergency medical services for its clients.
- b. Consulting. Each program shall have available, either directly or by referral, a qualified medical consultant to ensure quality of medical services.
- c. Medical Detoxification. When deemed appropriate, each program shall provide or refer a client for medical detoxification.

C. Case Management

1. Establishment, Control and Location of Records

- a. A case file (client record) must be established for each client admitted to the program.
- b. All client records are to be maintained and information released only in accordance with 42 CFR, Part 2.

2. Contents of Records

All records must contain the following, at minimum:

- a. Demographic and Identifying Data:
 - client identifier (i.e. name, number, etc...);
 - date of birth;
 - sex;
 - race/ethnic background;
 - address;
 - telephone number;
 - next of kin, or emergency contact (include phone number);
 - consent to treatment;

- referral source and reason for referral;
- date of admission; and
- type of admission (i.e., new, etc...).

b. Intake Data

All data gathered during intake (see Section II.A.2.) shall appear in the client's record.

c. Treatment Plan

Each client shall have an individual written treatment plan which is based upon the information obtained in the intake and assessment processes. The treatment plan shall be developed within 30 days from the client's admission. There shall be periodic review and update of the treatment plan at least every 90 days. At minimum, the treatment plan shall include the following:

- statement of problems to be addressed in treatment;
- statement of goal(s) to be reached which address the problem(s);
- action steps which will be taken by program and/or client to accomplish goal(s); and
- target date(s) for accomplishment of action step(s), goal(s), and when possible, resolution of problem(s).

d. Urine Surveillance

For those situations where drug screening by urinalysis is deemed appropriate and necessary by the program director, or supervising physician, the program shall:

- establish procedures which protect against the falsification and/or contamination of any urine sample;
- document urinalysis results in the client's files.

e. Other information required

- The documentation of all services which show the relationship of services to treatment plans (see Section II.B.3.).
- The documentation of quality assurance procedures (see Section II.D.).
- The documentation of required discharge information (see Section II.F.).
- Progress notes which state clients' progress toward reaching goal(s).

f. Other requirements

- Client record shall be written legibly in ink or typewritten.
- All entries shall be signed and dated.
- All significant information pertaining to a client shall be included in the client's record. A standard format shall be used for all records. These records shall be easily accessible to staff providing services to the clients.

g. Disposal and Maintenance of Records

- Closed programs - In the case of a program closing, all client records shall be stored in an appropriate confidential manner by the County Drug Program Administrator for not less than four years.
- Closed cases - There shall be a written policy in all programs regarding the maintenance and disposal of client records. All records shall be stored in an appropriate confidential manner for not less than four years from the date they are officially closed.

D. Quality Assurance

Each program shall maintain written policies and procedures for quality assurance. The procedures must include the following:

1. Continuity of Care

The program shall provide for a staff person (or persons) responsible for the client's continuity of care and assurance that, at least, the

following activities take place:

- a. a treatment plan is developed at the earliest practical time after admission, not to exceed 30 days;
- b. the services required are provided and documented in the client record;
- c. failure of the client to keep scheduled appointments is discussed with the client and other action taken as appropriate;
- d. progress in achieving the goals and objectives identified in the treatment plan assessed and documented on a continuous basis;
- e. the treatment plan is periodically reviewed and updated, at least 90 days;
- f. the client's record contains all required documents (e.g., correspondence, authorization to release information, consent for treatment, etc...); and
- g. if feasible, the client is followed-up after treatment as scheduled in the discharge summary.

2. Case and Treatment Plan Reviews

a. Case Reviews

At minimum, case reviews shall occur at intake, when treatment plan revision is appropriate, and at discharge. The purpose of the documented case review is to ensure that:

- the treatment plan is relevant to the stated problem(s);
- the services delivered are relevant to the treatment plan; and
- recordkeeping is adequate.

b. Treatment Plan Review

The treatment plan review shall:

- assess progress to date;
- reassess needs and services; and
- identify additional problem areas and formulate new goals, when appropriate.

3. Program Evaluation

Each program shall have written self-evaluation procedures for management decision-making, which shall be included in the program protocol.

4. Follow-up

Each program should have follow-up procedures for clients who remain in the community after discharge.

5. Staff Development

Each program shall have a written plan for training needs of staff. All training events shall be documented.

6. Utilization Review

Each program shall have written procedures for utilization review.

7. Facility Management

Each program's facility shall comply with all applicable local, state and federal laws and regulations. Procedures shall be developed to ensure that the facility will be maintained in a clean, safe, sanitary, and drug free condition.

E. Client Rights

1. A document shall be prepared which shall include the following:

- a. a statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay;

- b. client rights;
- c. grievance procedures;
- d. appeal process for discharge;
- e. program rules and regulations;
- f. client fees; and
- g. access to treatment files in accordance with Executive Order #B-22/76.

A copy of the document shall be provided to each client upon admission or posted in a prominent place, accessible to clients.

- 2. Confidentiality - All programs shall comply with 42 CFR, Part 2 and Article 7 (commencing with Section 5325) of Subchapter 2, Part 1 of Division 5 of the Welfare and Institution Code. In addition, all methadone programs shall comply with Sections 11875-11882 of the Health and Safety Code.
- 3. Consent to Treatment - Each program shall develop a consent to treatment (or admission agreement) form, which shall be read and signed by client upon admission. This form shall advise clients of his/her obligations as well as those of the program.
- 4. Consent for Follow-up - The follow-up after discharge can not occur without a written consent from the client.
- 5. Research - Any program conducting research using clients s subjects shall comply with all standards of the California Research Advisory Panel and the federal regulations for protection of human subjects (45 CFR 46).

F. Discharge

Each program shall have written procedures regarding client discharge. These procedures shall contain the following.

- 1. Written criteria for discharge defining:
 - a. successful completion of program;
 - b. unsuccessful discharge;

- c. involuntary discharge; and
 - d. transfers and referrals.
- 2. A discharge summary which includes:
 - a. description of treatment episode;
 - b. current drug usage;
 - c. vocational/educational achievements;
 - d. criminal activity;
 - e. reason for discharge;
 - f. clients' discharge plan; and
 - g. referrals.

III. GENERAL PROVISIONS

- A. Each program shall develop a written protocol indicating compliance with all of the standards contained herein which shall be approved by the appropriate funding source(s).
- B. Request for exceptions to the standards shall be submitted to the appropriate funding source(s) with a full explanation and justification.

These exceptions shall be granted only if the quality of treatment is not significantly reduced or when application of these standards makes the program cost ineffective.

Definitions

<u>Action Steps</u>	- Specific time limited, verifiable actions of client and/or services, which leads to the accomplishment of treatment plan goals.
<u>Admission</u>	- At this point, the program determines that the client meets the admission criteria and the client signs a consent to treatment form.
<u>Appeal Process</u>	- A written procedure by which client may appeal discharge.
<u>Assessment</u>	- The process of evaluating a client's problems, needs, strengths, and weaknesses, so that a treatment plan may be developed or revised.
<u>Client/Patient</u>	- An individual who has a drug abuse problem, for whom intake procedures have been completed, and has been admitted to the program. However, for confidentiality reasons, a person becomes a client upon applying for treatment.
<u>Client Record</u>	- The file established for each client upon admission to a program which contains the required information.
<u>Counseling</u>	- A process based on a face-to-face client/counselor contact or group/family counselor interaction for the purpose of identifying client's problems and needs, setting goals and interventions, and practicing new behaviors.
<u>Counselor</u>	- An individual who, by virtue of education, training, and/or experience, provide services which may include advice, opinion, or instruction to an individual or group to allow clients an opportunity to explore problems related to directly or indirectly to substance abuse.
<u>Day Treatment</u>	- A ten-hour, five-day, non-residential, structured, supervised environment to further an individual's ability to live and work in the community.
<u>Documentation</u>	- Written evidence of compliance.

<u>Drug Abuse</u>	- The use of drugs, licit or illicit, which results in an individual's physical, mental, emotional, and/or social impairment.
<u>Follow-up</u>	- Process for determining the status of an individual who has been discharged from a program.
<u>Funding Source</u>	- The County (Drug Program Administrator) for programs operated through contracts, with the County, and the State for programs operated by the County or by private organizations directly funded by the State.
<u>Governing Body</u>	- In a government operated program it is defined, for example, as Board of Supervisors, City Council; and in a private operated program it is defined as Board of Directors.
<u>Grievance Procedure</u>	- A written procedure by which a client may protest alleged violation of rights.
<u>Intake</u>	- The process of collecting and evaluating information to determine the appropriateness of a prospective client for the drug abuse program.
<u>May</u>	- Reflects an acceptable method that is recognized but not necessarily preferred or mandatory.
<u>Outpatient Modality</u>	- A nonresidential program offering treatment services.
<u>Program</u>	- An organized service system which addresses treatment needs of clients.
<u>Program Evaluation</u>	- A documented process by which a program periodically assesses the quality of treatment services using measurable criteria.
<u>Protocol</u>	- A document which describes the program's procedures for compliance with these standards as well as other applicable laws and regulations.
<u>Qualified Medical Consultant</u>	- A licensed physician or nurse practitioner or a physician assistant operating under the supervision of a licensed physician.